


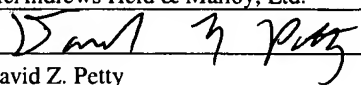
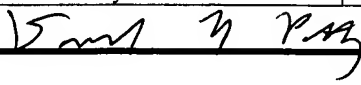
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 <b>TRANSMITTAL FORM</b> (Use for all correspondence after initial filing)		Application Number		10/817,172	
		Filing Date		April 2, 2004	
		First Named Inventor		Donald P. Bushby	
		Art Unit		3743	
		Examiner Name			
		Attorney Docket Number		15597US01	
Total Number of Pages in This Submission		7			
<b>ENCLOSURES (check all that apply)</b>					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks		Application Data Sheet	
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>					
Firm		McAndrews Held & Malloy, Ltd.			
Signature					
Printed Name		David Z. Petty			
Date		July 26, 2006			
<b>CERTIFICATE OF MAILING</b>					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 26, 2006					
Name (Print/type)		David Z. Petty		Registration No. (Attorney/Agent)	
Signature				Date	
				July 26, 2006	



## Application Data Sheet

### **Application Information**

Application Number:: 10/817,172

Filing Date:: 04/02/04

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R? None

Number of CD disks::

Number of copies of CDs::

Sequence submission? None

Computer Readable Form (CFR)?::

Title:: System For Teatment Of Plantar Fasciitis

Attorney Docket Number:: 15597US01

Request for Early No  
Publication?::

Request for Non- No  
Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship  
Country:: USA

Status:: Full Capacity

Given Name:: Donald

Middle Name:: P.

Family Name:: Bushby

City of Residence:: Houston

State or Province of  
Residence:: Texas

Country of Residence:: USA

Street of mailing address:: 1211 Nagle Street

City of mailing address:: Houston

State or Province of mailing  
address:: Texas

Country of Mailing  
Address:: USA

Postal or Zip Code of  
mailing address:: 77003

**Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship  
Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of  
Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing  
address::

Country of Mailing  
Address::

Postal or Zip Code of  
mailing address::

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Country::

Status::      Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of  
Residence::

Country of Residence::

Street of mailing address::

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address::

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mailing address::

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Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing  
address::

Country of Mailing  
Address::

Postal or Zip Code of  
mailing address::

### **Correspondence Information**

Customer Number:: 23,446

Telephone:: 312-775-8000

Fax:: 312-775-8100

E-Mail address:: dpetty@mhmlaw.com

### **Representative Information**

Representative Customer 23,446  
Number::

*[This application has no priority claims or assignee data]*

### **Domestic Priority Information::**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		

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**Foreign Priority Information::**

Country::	Application number::	Filing Date::	Priority Claimed::
			Yes

**Assignee Information**

Assignee Name::